

**Communicable Disease Epidemiology
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Health Advisory: Updated Guidelines for Health Care Providers Caring for Women of Reproductive Age with Zika Virus Exposure and for Prevention of Sexual Transmission of Zika Virus, 29 MAR 2016

Actions requested (updated guidance in bold text):

- Ask all pregnant patients and their sexual partners about recent travel.
- Advise pregnant patients to consider postponing travel to [areas where Zika virus transmission is ongoing](#) because of the potential for [microcephaly](#) and other poor pregnancy outcomes in babies of mothers infected with Zika virus while pregnant.
- Advise pregnant women who can't postpone travel to an area with Zika virus transmission to strictly follow steps to avoid mosquito bites. Insect repellents containing DEET, picaridin, and IR3535 are considered safe for pregnant women when used as directed.
- **Advise women who test positive for Zika virus disease or who had symptoms of Zika after possible exposure to wait at least 8 weeks after their symptoms first appeared before attempting to conceive.**
- **Advise women with possible exposure to Zika virus but without clinical illness consistent with Zika virus disease to wait at least 8 weeks after exposure before attempting to conceive.**
- No specific antiviral treatment is available for Zika disease. Treatment is generally supportive and can include rest, fluids, and use of analgesics and antipyretics. Pregnant women who have a fever should be treated with acetaminophen.
- Be aware that although mosquitoes are the primary route of transmission of Zika virus infection, sexual transmission of Zika virus can also occur.
- Advise men who have traveled to an area of active Zika virus transmission who have a pregnant partner to abstain from sexual activity or consistently and correctly use condoms during sex (i.e., vaginal intercourse, anal intercourse, or fellatio) for the duration of the pregnancy. Pregnant women should discuss their male partner's potential exposures to mosquitoes and history of Zika-like illness with their health care provider.
- **Advise couples in which a man had confirmed Zika virus infection or clinical illness consistent with Zika virus disease to consider using condoms or abstaining from sex for at least 6 months after onset of illness.**
- **Advise couples in which a man traveled to an area with active Zika virus transmission but did not develop symptoms of Zika virus disease to consider using condoms or abstaining from sex for at least 8 weeks after departure from the area.**
- Report suspected cases to Public Health at 206-296-4774. There is no commercially available lab test for Zika infection; PCR and serologic testing can be arranged by Public Health.

Testing guidance:

- Test all persons (regardless of pregnancy status) reporting two or more of the following symptoms: acute onset of fever, maculopapular rash, arthralgia, or conjunctivitis during or within two weeks of travel to an area of active Zika virus transmission OR **within two weeks of unprotected sex with a man who tested positive for Zika virus or had symptoms of Zika infection during or within two weeks of return from travel to an area with Zika transmission.** Obtain specimens during the first week of illness if possible.
- Offer testing to pregnant women (regardless of symptoms) with possible exposure to Zika virus through travel to an area of active Zika virus transmission during pregnancy or through sexual exposure to a man who has traveled to an area of Zika transmission and developed symptoms of Zika virus infection. Obtain specimens within the first week of illness if ill or within 2-12 weeks of exposure (including any travel to a Zika affected area in the 8 weeks before conception) if asymptomatic.

- If fetal ultrasounds detect microcephaly or intracranial calcifications, pregnant women who originally tested negative for Zika virus infection following travel should be retested for Zika virus infection. In these cases, also consider amniocentesis for Zika virus testing.
- **Offer testing to pregnant women with at least one sign or symptom of Zika virus disease after unprotected sex with an asymptomatic male partner who had exposure to Zika virus. Obtain specimens during the first week of illness if possible.**
- Test women experiencing fetal loss who have had travel to an area with known Zika virus transmission during pregnancy if not previously tested
- Test infants born to women who traveled during pregnancy to an area with Zika virus transmission and have evidence of maternal infection (mothers with positive or inconclusive test results for Zika virus infection) or fetal infection (infants with microcephaly or intracranial calcifications)
- Test infants who have two or more of the following symptoms within 2 weeks of birth: acute onset of fever, maculopapular rash, arthralgia, or conjunctivitis and are born to a mother who traveled to an area with active Zika virus transmission within 2 weeks of delivery.
- At this time, testing of exposed, asymptomatic men for the purpose of assessing risk for sexual transmission is not recommended.

RESOURCES

- Guidance for healthcare providers: <http://www.cdc.gov/zika/hc-providers/index.html>
- For the full updated guidance on prevention of sexual transmission of Zika virus see:
 - http://www.cdc.gov/mmwr/volumes/65/wr/mm6512e3er.htm?s_cid=mm6512e3er_w
- For the full updated guidance for health care providers caring for women of reproductive age with Zika virus exposure, see:
 - http://www.cdc.gov/mmwr/volumes/65/wr/mm6512e2er.htm?s_cid=mm6512e2er_w
- General information about Zika virus and disease: <http://www.cdc.gov/zika/index.html>